

FILED MAY 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **12378**
Registrar's No. **167**

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 5570		Registrar's No. 167	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR Levasy TOWN		c. LENGTH OF STAY (In this place) 86 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR Levasy TOWN		7000	
d. FULL NAME OF HOSPITAL OR INSTITUTION her own home				d. STREET ADDRESS (If rural, give location) Main Street- old Hi-way-			
3. NAME OF DECEASED (Type or Print)		a. (First) Ella		b. (Middle) Marie		c. (Last) Stoenner	
4. DATE OF DEATH (Month) (Day) (Year) April 26 1954		5. SEX Female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH Dec. 2. 1885		9. AGE (In years last birthday) 86		10. MONTHS 4		11. DAYS 24	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) hswf		10b. KIND OF BUSINESS OR INDUSTRY her home		11. BIRTHPLACE (State or foreign country) Levasy Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Henry Bierbaum		13b. MOTHER'S MAIDEN NAME Mary Borgmann		14. NAME OF HUSBAND DECEASED William Stoenner			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. William Stoenner Levasy, Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of larynx ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Carcinoma of larynx DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 mo 1 yr	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 161 X				20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Oct. 20, 1953 , to April 26, 1954 , that I last saw the deceased alive on Oct. 22, 1953 , and that death occurred at 6 A. M. from the causes and on the date stated above.							
23a. SIGNATURE (Name or title) H. Johnson M.D.		23b. ADDRESS Richmond, Mo.		23c. DATE SIGNED 4/26/54			
24a. BURIAL, CREMATION, etc. buried		24b. DATE April 28, 54		24c. NAME OF CEMETERY OR CREMATORY Levasy Cemetery		24d. LOCATION (City, town, or county) (State) Levasy, Missouri	
DATE REC'D BY LOCAL REG. 4-28-54		REGISTRAR'S SIGNATURE James Leacy		25. FUNERAL DIRECTOR'S SIGNATURE Vernon M. Keppel - Bucher		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD—

NOV 19 1962

MAY 28 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

working under my personal supervision. _____
Student Embalmer No. _____

Student _____
Student Embalmer

Signed _____

Licensed Embalmer No. 4311

P. O. Address Buckner - Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.